

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State
 02-10-2002 90029 012 ***150.00

DOCUMENT # G38634

1. Entity Name
THE WHISPERING EAGLE PRESS, INC.

Principal Place of Business

~~4420 NW 70TH TERR~~
~~GAINESVILLE FL 32606~~
 US

Mailing Address

~~4300 N.W. 23RD AVE~~
~~P.O. BOX 147050~~
~~GAINESVILLE FL 32606-6541~~

2. Principal Place of Business

11431 S.W. 154 AVENUE

3. Mailing Address

P.O. BOX 344

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CEDAR KEY, FL

City & State

CEDAR KEY, FL

4. FEI Number

59-2316128

Applied For

Not Applicable

Zip

32625

Country

LEVY

Zip

32625

Country

LEVY

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LATTIMER, RICHARD L.

~~4420 N.W. 70TH TERR~~

~~GAINESVILLE FL 32606~~

P.O. Box 344

CEDAR KEY, FL 32625

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Richard Lattimer, PRESIDENT **RICHARD L. LATTIMER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **LATTIMER, RICHARD**
 STREET ADDRESS ~~4420 NW 70TH TERR.~~
 CITY-ST-ZIP ~~GAINESVILLE FL~~

TITLE **VP** ☐ Delete
 NAME **LATTIMER, ALICE F.**
 STREET ADDRESS ~~4420 N.W. 70TH TERRACE~~
 CITY-ST-ZIP ~~GAINESVILLE FL~~

TITLE **S** ☐ Delete
 NAME **BRITT, ELIZABETH ANN**
 STREET ADDRESS ~~4122 N.W. 69TH TERRACE~~
 CITY-ST-ZIP ~~GAINESVILLE FL 32606~~

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **LATTIMER, RICHARD**
 STREET ADDRESS **P.O. Box 344**
 CITY-ST-ZIP **CEDAR KEY, FL 32625**

TITLE **VP** ☒ Change ☐ Addition
 NAME **LATTIMER, ALICE F.**
 STREET ADDRESS **P.O. Box 344**
 CITY-ST-ZIP **CEDAR KEY, FL 32625**

TITLE **S** ☒ Change ☐ Addition
 NAME **BRITT, ELIZABETH ANN**
 STREET ADDRESS **4420 N.W. 70TH TERRACE**
 CITY-ST-ZIP **GAINESVILLE, FL 32606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other names empowered.

SIGNATURE:

Richard Lattimer, **RICHARD L. LATTIMER** 1-23-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-543-6187

CR2E034 (9/01)